

# Inside Out and Outside In

Infusing System of Care values and practices into established professional certification competencies:

New training curricula

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# Teaching Systems-based Practice in CAP: Family-Driven, Youth-Guided Care

AACAP Work Group on  
Community-Based Systems of  
Care

# Objectives

- Identify components of AACAP SBP tool kit
- Describe values/principles of Family-Driven, Youth-Guided Care
- Identify ways to include family members to help train CAP residents
- Describe strategies to assess resident competence in using these principles

# Systems-Based Practice

- ACGME definition:

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

# Psychiatry RRC SBP Objectives

- 1) work effectively in various health care delivery settings & systems relevant to their clinical specialty;
- 2) coordinate patient care within the health care system relevant to their clinical specialty;
- 3) incorporate considerations of cost awareness & risk-benefit analysis in patient &/or population-based care as appropriate;

# Psychiatry RRC SBP Objectives

- 4) advocate for quality patient care & optimal patient care systems;
- 5) work in interprofessional teams to enhance patient safety & improve patient care quality; &
- 6) participate in identifying system errors & implementing potential systems solutions;

# Psychiatry RRC SBP Objectives

- 7) know how types of medical practice & delivery systems differ from one another, including methods of controlling health care cost, assuring quality & allocating resources;
- 8) practice cost-effective health care & resource allocation that does not compromise quality of mental health care for children & adolescents;

# Psychiatry RRC SBP Objectives

- 9) advocate for quality patient care & assisting patients in dealing with system complexities, including disparities in mental health for children & adolescents;
- 10) work with health care managers and health care providers to assess, coordinate, and improve health care;



# Psychiatry RRC SBP Objectives

- 11) know how to advocate for the promotion of health & prevention of disease & injury in populations; and,
- 12) instruct in the practice of utilization review, quality assurance & performance improvement.

# AACAP Work Group on Community-Based Systems of Care

- Received an Abramson Grant (AACAP) in November 2006
- Goals of grant:
  - 1) Development of SBP tool kit
  - 2) Pilot the tool kit in CAP residencies
  - 3) Develop educational competency outcomes
  - 4) Develop a training director network

# SBP tool kit

Goal of the modules:

- 1) Provide an orientation/overview of process or child-serving system
- 2) Provide references
- 3) Provide context for the CAP
  - prepare CAP to function in system
  - infuse SOC values into CAP practice
  - prepare CAP to interact with system representatives

# SBP tool kit

- 13 modules
- Each module contains:
  - handout with objectives crossed walked to ACGME Program Requirements
  - discussion and vignette evaluation cases
  - references and readings/web sites
  - PD receives additional information re cases and presentations

# SBP tool kit modules

## General/Process modules:

- 1) Systems-based Practice
- 2) Consultation
- 3) Family-Driven, Youth-Guided Care
- 4) Cultural Considerations in SBP
- 5) Organizational & Financial  
Structures in MH SOC

# SBP tool kit modules

## Child Serving Systems:

- 1) Primary Health Care System
- 2) Mental Health System
- 3) Substance Abuse Services System
- 4) Developmental Disabilities System
- 5) Early Childhood System
- 6) Child Welfare System
- 7) Educational System
- 8) Juvenile Justice System

# SBP tool kit modules

Using the modules:

- 1) A catalyst for learning SBP
- 2) Variety of ways to implement:
  - a. Didactic/discussion sessions
  - b. Computer based sessions
  - c. Combination of methods
- 3) Emphasis on role of CAPs
- 4) Involvement of CAPs in systems

# SBP tool kit

- SBP tool kit is currently in testing
- First phase of testing 2007-09
- Second phase of testing 2008-09
- Module revisions in 2008-09



# Systems-Based Practice Toolkit:

## Family-Driven, Youth- Guided Care Module

# Module Contents

- Overview
- Historical context
- Family-driven, youth-guided care, adapted from Federation of Families for Children's Mental Health
- Paradigm Shift from Provider-driven to Family-driven service delivery: practice implications

# Overview

- Family-driven, youth-guided care is embedded in the core competency of systems-based practice.
- Elements of family-driven, youth-guided care are also important in informing competency in patient care, interpersonal and communications skills, and professionalism.
- It is highly recommended that use of this module be accompanied by participation of family members and/or youth in presenting the material

# Paradigm Shift from Provider-Driven to Family-Driven Service Delivery

- Source of Solutions: Professionals and agencies vs child, family and their support team
- Relationship: Child and family viewed as a dependent client expected to carry out instructions vs Partner/collaborator in decision-making, service provision, and accountability
- Assessment: Deficit oriented vs Strengths based

# Paradigm Shift from Provider-Driven to Family-Driven Service Delivery (2)

- Planning: Agency resource-based vs Individualized for each child and family
- Access to Services: Limited to agency's menus, funding streams, and staffing schedules vs Comprehensive and provided when and where the child and family require
- Outcomes: Based on agency function and symptom relief vs quality of life and desires of the child and family

# Attitudes Supporting Family-Driven, Youth- Guided Care

- "Nothing about us without us"
  - Decisions about care involve the youth and family
- "Voice and choice"
  - The child psychiatrist has a responsibility to support identifications of choices for the youth and family
- "No shame, no blame"
  - Judgment and blame by professionals towards families, and vice versa, are destructive

# APA Commission on Psychotherapy, Definition of Formulation

A biopsychosocial formulation is a tentative working hypothesis which attempts to explain the biological, psychological and sociocultural factors which have combined to create and maintain the presenting clinical problem. It is a guide to treatment planning and selection. It will be changed, modified or amplified as the clinician learns more and more about the patient.

# Child Psychiatric Formulation Based on Principles of Family- Driven Care

A formulation is a tentative working hypothesis, **developed collaboratively with the youth and the family** which attempts to explain the biopsychosocial factors which have created and maintain the presenting clinical concern **and which support the youth's best functioning**. It is an **individualized** guide to treatment planning and selection. It will be changed as the clinician **and the family** learn more about the **strengths and needs of the youth, the family and the surrounding system of care**.



# Use of Resources within the System to Provide Excellent Patient Care

- Family support: Reviewed by Lillian Armstrong, Family Resource Specialist
- Wraparound/Team Care planning process
- Role of the child psychiatrist in family-driven, youth-guided Care
- Knowledge of patient safety and advocacy

# Role of the CAP in Family-Driven Youth-Guided Care

- CAPs should support identification of strengths in the youth, family, and community as sources of healing. Attention to strengths maximizes the impact of continuous healing relationships
- CAPs have a responsibility to educate and empower the youth and family by the provision of information related to the CAP professional expertise as well as relevant resources that the family can access in the larger community

## Role of the CAP in Family-Driven Care (2)

- The CAP can provide leadership for the promotion of Family-Driven values (voice and choice; nothing about us without us; no blame no shame) at meetings such as discharge planning meetings from hospital or residential care, or through offering an additional meeting as part of the outpatient child psychiatric evaluation.

## Role of the CAP in Family-Driven Care (3)

- It is the responsibility of the child psychiatrist to support the youth to have voice and choice within the treatment process. Not infrequently, the focus on the youth's dangerous or unsafe behaviors by the larger system is not accompanied by sufficient attention to the underlying thoughts and feelings of the youth that may have motivated the behaviors of concern.

# Knowledge of Patient Safety and Advocacy

- CAPs should assume a leadership roll in modeling collaborative, respectful interactions with other involved providers
- CAPs should advocate for voice and choice of the youth who are their patients
- Advocacy efforts by CAPs at the systems level should be linked to similar efforts by family organizations whenever possible.

# Assessment of Competency

- Evaluation vignettes in each module
- Super-vignettes for overall competency
- Use of direct observation and "360 degree" assessment using standardized rating instruments when possible